

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16248

4570

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....**St. Louis Mo.**
(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to Homer Phillips Hospital. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....**31 Years**
(Specify whether
In this community.....**31 Years**
years, months or days)

3. (a) PRINT FULL NAME **Susie James**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no card**

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Felix James** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **June 1, 1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **11** Days **13** If less than one day
hr. min.

9. Birthplace **Livingston Ala.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Sammy Mays**
13. Birthplace **Livingston Ala.**
(City, town, or county) (State or foreign country)
14. Maiden name **Lauri Thomas**
15. Birthplace **Livingston Ala.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Felix James**
(b) Address **3225 Hickory St.**

17. (a) **Burial** (b) Date thereof **5-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Wright's Funeral Home**

(b) Address **3100 Easton Ave.**

19. (a) **MAY 17 1943** (b) **J. F. Brudick**
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **17**
(c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **3225 Hickory St.**
(If rural, give location)
(e) Citizen of foreign country?.....**0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1943** hour **3** minute **00** P. M.

21. I hereby certify that I attended the deceased from.....**19**..... to.....**19**.....

that I last saw him.....alive on.....**19**.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Thrombosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature **Alfred Henry** (M. D. or other).....

Address **Alfred Henry** Date signed **5/15/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2119

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.